⋖FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION S.M.C.

Washington, D.C. 20549 FORM D

JUN 1 0 2002

OMB NUMBER: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response......16.00

OMB APPROVAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6) AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

	11		
	17	SEC USE ONLY	7
080	Prefix		Serial
orgene		1 1	
		<u> </u>	
	í	Date Received	

Name of Offering (check if this is an Offer and sale of Series A Convertible Preferance Of Series A Convertible Preferan	amendment and name has changed, and indicate change erred Stock	(1)
Filing Under (Check box(es) that apply): Type of Filing: New Filing □ A	□ Rule 504 □ Rule 505 ☑ Rule 506 □ 3	Section 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about th	e issuer	
Name of Issuer (Check if this is an am Applied Messaging Corporation	endment and name has changed, and indicate change.)	
Address of Executive Offices 573 Main Street, Suite 12, Winchester, MA	(Number and Street, City, State, Zip Code) 01890	Telephone Number (Including Area Code) 781-729-1089
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		PROCESSED
Development of computer software.		JUN 2 5 2002
Type of Business Organization ☑ corporation ☐ business trust	☐ limited partnership, already formed ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	other (please specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	or Organization: n: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	⊠ Actual

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter		☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Digate, Charles J.					
Business or Residence Address	(Number	and Street, City, State, Z	ip Code)		
573 Main Street, Winchester, MA	01890				
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
North Bridge Ventures Partners, I	V-A L.P.				
Business or Residence Address	(Number	and Street, City, State, Z	(ip Code)		
950 Winter Street, Suite 4600, Wa	altham, MA 02451				
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·			
Polaris Venture Partners III, L.P.					
Business or Residence Address	(Number	and Street, City, State, Z	Cip Code)		
1000 Winter Street, Suite 3350, W	/altham. MA 0245	I			
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
North Bridge Ventures Partners, V	/-A L.P.				
Business or Residence Address	(Number	and Street, City, State, Z	Cip Code)	<u> </u>	
950 Winter Street, Suite 4600, Wa	altham, MA 02451				
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	ividual)				
Business or Residence Address	(Number	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number	and Street, City, State, Z	(ip Code)		
<u> </u>					

		Secretary and a second		B. INF	ORMATIC	N ABOÚ	r offeri	NG	*************************************			
1. Has the is	suer sold. o	r does the is	ssuer intend	l to sell, to	non accredi	ted investo	rs in this of	fering?			Yes	No ⊠
					Appendix,			_			_	_
0 33/1- 41- 41		• • • • • • • • • • • • • • • • • • • •					-				.	
What is the *Subject to to				e accepted	from any ir	idividual?	•••••••				\$ <u>*</u> Yes	No
3. Does the				a single un	it?						i es ⊠	
4. Enter the remuneration	information	requested t	for each per	rson who h	as been or w	vill be paid	or given, di	irectly or in	directly, an	y commiss	sion or si	milar
agent of a bro	oker or deal	er registered	d with the S	EC and/or	with a state	or states, I	ist the name	e of the bro	ker or deale	er. If more	than five	
persons to be Full Name (L				ich a broke	r or dealer,	you may se	t forth the i	niormation	tor that bro	oker or dea	ier only.	
`		,	,,									
N/A Business or F	Residence A	ddress (Nu	mber and S	treet City	State Zin (ode)						
245450 0. 1				, 0,,	2. L. P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Name of Ass	ociated Bro	ker or Deal	er									<u>-</u>
												
States in Whi (Check "					Solicit Purc							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	dual)									
N/A												
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	ociated Bro	ker or Deale	er									···
	.,											
States in Whi		Listed Has S				hasers						All States
[AL]	[AK]	[AZ]	[AR]	es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[או]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L												
N/A												
Business or R	Residence A	ddress (Nur	mber and S	treet, City,	State, Zip C	ode)						
Name of Asso	ociated Bro	ker or Deale	er									···-
States in Whi					Solicit Purcl							All States
[AL]	All State of [AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	All States [ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[LN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security	Aggr	egate ing Price		Amount Already Sold		
			•				
	Debt				\$0	_	
	Equity	\$ <u>7,40</u>	00,000		\$ <u>7,400,000</u>		
	□ Common □ Preferred						
	Convertible Securities (including warrants)	\$	0		\$0_	_	
	Partnership Interests	\$	0		\$0	_	
	Other (Specify)	\$	0		\$0	_	
	Total	\$ <u>7,</u> 4	100,000		\$ <u>7,400,000</u>	_	
	Answer also in Appendix, Column 3, if filing under ULOE.						
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		mber estors		Aggrega Dollar Amo of Purcha	unt	
	Accredited Investors	1	<u>. </u>		\$7,400,000	_	
	Non-accredited Investors)		\$ 0	_	
	Total (for filings under Rule 504 only)	0			\$0	_	
	Answer also in Appendix, Column 4, if filing under ULOE.						
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.						
	Type of offering	Se	pe of curity		Dollar Amo		
	Rule 505		<u>/A</u>		\$ N/A_	_	
	Regulation A		<u>/A</u>		\$ N/A_	_	
	Rule 504		<u>/A</u>		\$_N/A	_	
	Total	N	<u>/A</u>		\$ <u>N/A</u>	-	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.						
	Transfer Agent's Fees		1		\$0	_	
	Printing and Engraving Costs		1		\$ <u> </u>	_	
	Legal Fees				\$25,000		
	Accounting Fees				\$0		
	Engineering Fees				\$0		
	Sales Commissions (specify finders' fees separately)		1		\$0	_	
	Other Expenses (identify)					_	
	Total			Ø	\$25,000	_	

C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND US	E OF P	ROCEEDS	
1 and total expenses furnished in response	te offering price given in response to Part C - Question e to Part C - Question 4.a. This difference is the			\$ <u>7,375,00</u> 0
used for each of the purposes shown. If the estimate and check the box to the left of the	ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.		Payments to	
			Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		. 🗆	\$	□ \$
Purchase of real estate		. 🗆	\$	\$
Purchase, rental or leasing and installation	on of machinery and equipment	. 🗆	\$	\$
Construction or leasing of plant building	s and facilities	🗖	\$	
offering that may be used in exchange for				
•				□ \$
				□ \$
· •				№ \$ <u>7,375,0</u> 00
Other (specify):		_ 🛮	\$	□ \$
		-		
				\$
Column Totals			\$	x \$ <i>7</i> ,375,000
Total Payments Listed (Column totals as	lded)		_{⊠ \$} 7	,375,000
	- ,			
	D. FEDERAL SIGNATURE		k. Gazin Hilbroba Isaacis Afrika - Kinda Hari	
following signature constitutes an undertaking	ned by the undersigned duly authorized person. If this range by the issuer to furnish to the U.S. Securities and Excissuer to any non-accredited investor pursuant to paragraph	hange (Commission, up	on written request
Issuer (Print or Type)	Signatur 9		Date	
Applied Messaging Corporation	Charles I Ossil		6/5/02	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		····	
Charles J. Digate	President			

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)